

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7043

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Missouri</b> c. COUNTY <b>St. Louis</b>		
b. CITY OR TOWN <b>Pine Lawn</b>		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>	c. CITY OR TOWN <b>Vinita Park</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shamrock Nursing Home</b>			e. STREET ADDRESS (If rural, give location) <b>8808-Washington Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b>		b. (Middle)	c. (Last) <b>Stephens</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 22, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 18, 1873</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Edward Rothwell</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Baiber</b>		14. NAME OF HUSBAND OR WIFE <b>Emmet E. Dcd.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Richt 6414-Woodrow Pine Lawn</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Cardis -</b>	DUE TO (b) <b>vascular disease</b>				<b>unknown</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS <b>Carcinoma bladder</b>	Conditions contributing to the death but not related to the disease or condition causing death.				<b>unknown</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221H</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Oct 15, 1952</b> to <b>Jan 22, 1957</b> , that I last saw the deceased alive on <b>Jan 21, 1957</b> , and that death occurred at <b>1:30 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Lewis Littmann MD</b> (Degree or title)			23b. ADDRESS <b>8231 Clayton Rd (17)</b>		23c. DATE SIGNED <b>1/23/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-25-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pattonville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-23-57</b>	REGISTRAR'S SIGNATURE <b>Herkert A. Dombke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Baumgardner Bros Inc 2504-Woodson Rd-Overland-14-Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 500  
10-48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Oscar F. Mueller*.....

Licensed Embalmer No. *3039*.....

P. O. Address *Overland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.